

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>8/16/09</u>		2 Serial/Patent # <u>101823423</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	<u>1 Pw</u>	<u>7/12/09</u>	\$ <u>130</u>							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ <u>130</u>							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>1</td><td>3</td><td>--</td><td>2</td><td>1</td><td>6</td><td>5</td></tr></table>			1	3	--	2	1	6	5
1	3	--	2	1	6	5					
	No Fee Due (Explanation):										
<u>DE Error</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>AM Brown</u>			TITLE: <u>Att</u>								
SIGNATURE: <u>[Signature]</u>			PHONE: <u>3050310</u>								
OFFICE: <u>for</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY. *****											
APPROVED: <u>[Signature]</u>			DATE: <u>8/24/09</u>								

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**